

DALIRESP (roflumilast)

Diagnosis Considered for Coverage:
<ul style="list-style-type: none">Severe Chronic Obstructive Pulmonary Disease (COPD)
Coverage Criteria:
For diagnosis listed above: <ul style="list-style-type: none">Patient has associated chronic bronchitis with history of exacerbation within the past year, andDose does not exceed 500 mcg per day.
Coverage Duration: Length of benefit

Effective: 11/15/2012GF